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Rural District of South  
Westmorland

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ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1966

Stricklandgate House, P.O. Box 18, Kendal

Telephone Number: Kendal 1296

KENDAL

TITUS WILSON & SON, LTD

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## NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Area of the Rural District in acres ... ..	151,007
Population at 1961 Census ... ..	18,849
Population (Registrar-General's mid year estimate)	19,780
Inhabited houses ... ..	6,957
Rateable Value ... ..	£606,719
Product of a Penny Rate ... ..	£2,390
Rate in the Pound levied ... ..	11/od.
of which the County Rate was ... ..	9/1d.

The Rural District of South Westmorland is a pleasant rolling countryside which rises from sea level in the south to nearly a thousand feet in the north. The shore-line extends for about 14 miles along the estuary of the River Kent, flat and marshy in the north, but with picturesque wooded slopes in the south.

The District is divided into three main valley areas by the two ridges of Scout Scar and Killington, which run north and south across the centre of the southern portion of Westmorland. On the west lie the Winster and Lyth valleys, in the middle lies the valley of the Kent, and on the extreme east lies the Lune Valley.

The dividing ridge of Scout Scar is sharp and barren, but the larger watershed which runs from Hutton Roof in the south to Whinfell in the north is rolling upland more suitable for agriculture. In the extreme north of the District is the high barrier of the central massif of Westmorland. These geographical features determine the natural lines of communication and therefore the spread of infectious disease.

The geology of the Rural District is sharply divided by the great fault which runs from Kendal in the north to Burton in the south-west and Kirkby Lonsdale in the south-east after branching near Crooklands. The country in the north-east of this fault consists of Kirkby Moor Flags in the Upper Ludlow Series of the Silurian System, with appreciable deposits of glacial drift. The rocks to the west of the fault are carboniferous limestones, with some of the Yoredale Series in the extreme south. The valleys contain some alluvial deposits and some glacial drift. These geological characteristics are of great significance in the supervision of water supplies, sewerage and occupational diseases as well as affecting the economics of the District.

The climate is mild and equable, though invigorating on the uplands. The valleys are sheltered from the prevailing westerly winds, and their southern aspects provide full access to sunshine. Temperature gradient inversions are occasional in spring and autumn but are soon dispelled in the mornings. The rainfall varies between 40 and 50 inches a year

and light falls of snow may be expected for one or two weeks in the late winter.

The District is mainly agricultural in character and many of the small local industries and crafts are ancillary to agriculture. There are also the following industries which provide much employment and bring prosperity to the villages: paper and woollen mills, stone and diatomaceous earth quarries, factories for making combs, mats, cardboard boxes, photographic materials, furniture, and tarmacadam, wood turning, tinned foods, and milk depôts.

In addition to these local industries the District receives seasonal tourist business at Arnside, Kirkby Lonsdale, and those northerly parts of the area which lie within the Lake District. The variety of these opportunities for local employment has stopped the drift from the countryside and has kept South Westmorland happily free from unemployment which is a most important factor in the maintenance of public health.

### **COMMITTEES.**

The Minister of Health requires me to include a list of your Council's committees which are concerned with matters of public health.

The Public Health Committee deal with the principal matters, but there are other aspects of public health importance which are dealt with by the Engineering and Housing Committees.

When the Lakes and Lune Water Board assumed responsibility for the public water supplies, the remaining functions of the Water Committee were transferred to the Health Committee, and possibly to certain other Committees as appropriate.

## STAFF.

Name.	Qualifications.	Office.	Whole or Part Time.	Other Offices.
Madge, F. T.	M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health	Part	M.O.H. Combined County Districts of Westmorland
Ball, G. H.	F.R.S.H. C.S.I.J.B.	Chief Public Health Inspector and Housing Manager	Part	Building Surveyor
Aldersley, W. H.	M.A.P.H.I. C.S.I.J.B.	Deputy Public Health Inspector	Whole	
Malcolm, J.	M.A.P.H.I.	Additional Public Health Inspector	Whole	
Moss, H.	—	Clerk	Whole	—
Beveridge, K. A.	—	Clerk	Whole	—
Machell, B. M.	—	Clerk to Medical Officer of Health	Part	Clerk to M.O.H. Combined County Districts of Westmorland

### Staff Changes.

There were none during the year.

## VITAL STATISTICS.

The following extracts are made from information supplied by the Registrar-General with figures for last year for comparison.

Area of the District in acres    ...    ...    151,007

	1965	1966
Estimated civilian population (mid year) ..	19,480	19,780
Live Births. Legitimate— males .. ..	137	120
females .. ..	120	133
Illegitimate— males .. ..	7	6
females .. ..	13	7
Total .. ..	277	266
Crude Rate per 1,000 population	14.2	13.4
Corrected Rate per 1,000 population .. .. .	17.3	16.4
Birth Rate for England and Wales .. .. .	18.1	17.7
Illegitimate Birth Rate per 1,000 live births. .. ..	72.2	48.9
Still Births. Legitimate— males .. ..	2	1
females .. ..	2	2
Illegitimate— males .. ..	—	—
females .. ..	2	—
Total .. ..	6	3
Total (live and still) births ..	283	269
Rate per 1,000 total (live and still) births .. .. .	21.2	11.2
Rate for England and Wales ..	15.7	15.4
Deaths. males .. .. .	111	114
females .. .. .	132	131
Total .. .. .	243	245
Crude Rate per 1,000 population ..	12.5	12.4
Corrected Rate per 1,000 population	11.0	11.0
Rate for England and Wales ..	11.5	11.7



	1965	1966
<b>Infantile Deaths (under 1 year)</b>		
Total deaths under 1 year.. ..	13	6
Rate per 1,000 live births .. ..	46.9	22.6
Rate for England and Wales .. ..	19.0	19.0
Legitimate .. .. .	9	5
Rate per 1,000 legitimate live births	35	19.8
Illegitimate .. .. .	3	1
Rate per 1,000 illegitimate live births	150	77
<b>Neonatal Deaths (under 4 weeks)</b>		
Total neonatal deaths .. ..	9	6
Rate per 1,000 live births .. ..	32.5	22.6
Rate for England and Wales .. ..	13.0	12.9
<b>Early Neonatal Deaths</b>		
Total early neonatal deaths .. ..	6	6
Rate per 1,000 live births .. ..	21.7	22.6
Rate for England and Wales .. ..	11.3	11.1
<b>Perinatal Mortality</b>		
Stillbirths and deaths under 1 week.. .. .	12	9
Rate per 1,000 total (live and still) births .. .. .	42.4	33.5
Rate for England and Wales .. ..	26.9	26.3
<b>Maternal Mortality</b>		
Total Deaths .. .. .	—	1
Rate per 1,000 total (live and still) births .. .. .	—	3.7
Rate for England and Wales .. ..	0.25	0.26
<b>Deaths from certain causes:—</b>		
	1965.	1966.
Cancer ... .. .	39	41
Measles ... .. .	Nil	Nil
Whooping Cough ... .. .	Nil	Nil
<b>The main causes of death were:—</b>		
Heart Disease ... .. .	...	99
Cancer ... .. .	...	41
Vascular lesions of nervous system ... .. .	...	36

## COMMENTARY ON THE VITAL STATISTICS.

### Population.

The population at the 1961 Census numbered 18,849 persons, made up of 9,209 males and 9,640 females, an increase of 1,073 since the previous Census held in 1951.

I am cautious about interpreting the census figures too literally, because in holiday areas a lot of people did not happen to be in their usual homes on the census night 23rd/24th April, 1961. But the general impression remains of about 6% growth of local population during the preceding decade, perhaps equally divided between immigration and our own excess of births over deaths.

We have a much higher proportion of elderly people in our community than in most other districts. The average percentage of people over 65 years of age in England and Wales was 11.9% at the 1961 Census, and the average for Westmorland was 14.9%; South Westmorland Rural District had the higher figure of 15.2%. It means that the younger age groups will have to keep awake to provide the community support which elderly people need to make their survival achievements worthwhile.

Our proportion of children in the community was about the same as the national average of 23% under 15 years of age. Our boys outnumbered the girls by 357 out of the whole 4,347 in the age group. The 1961 Census showed quite a nice balance between the sexes throughout the more popular marriageable ages.

Alongside the natural fecundity of the population and its residential attractiveness to immigrants, there has been a parallel increase in the number of houses.

These long-term trends demonstrated by the ten-year Census system are particularly valuable here, because a proper perspective cannot be obtained by considering merely one year's changes. It is the general trend of population which is important for the planning of your future housing, water and sewerage requirements, and for the broader issues of the economic prosperity of your District.

### Death Rate.

Your corrected death rate was about the same as the national average, but I attach no particular significance to that fact.

### Birth Rate.

The local birth rate fluctuates slightly each year on either side of the national average.

## **Perinatal Mortality**

There is often not much difference between the cause of a baby dying in the first week of its life and the cause of a stillbirth. Sometimes it is a matter of chance whether such a baby dies before delivery or after. So we now add the number of stillbirths to the number of babies dying in their first week, and we call it the perinatal mortality: in popular language, the deaths which happen around the time of birth.

Anyway, the perinatal mortality statistics include most of the fatalities which are caused by abnormalities of the baby as it develops in the womb. Some of those may be due to the mother catching infections during a critical phase in her pregnancy; or more rarely to drugs: or more commonly to some genetic factor. The statistics include the fatalities which are caused by toxæmias of pregnancy and accidents within the womb. The mechanical stresses and strains of delivery, the attention given to the new-born child, the blood peculiarities, and even the risks of accident and infection in the first week of life, are all included factors. So the perinatal mortality rate is perhaps better regarded as a measure of obstetric achievement. What happens to a live baby in its first week depends to a great extent on what has happened to it before delivery.

There are some signs of hope that science may be able to prevent certain types of developmental abnormalities, and it is clear that the increased availability of obstetrical specialists will help to reduce the number of neonatal deaths. An advisory obstetric committee has been set up in Westmorland to co-ordinate the functions of the three divisions of the health service involved in midwifery, and to investigate the causes of stillbirths and infant deaths

## **Maternal Mortality.**

There was one maternal death.

## **PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.**

The general incidence of illness can be assessed by the weekly number of new claims for sickness benefit at our local National Insurance office. A logarithmic graph of those figures shows a regular seasonal pattern over the years, and any variations are usually worth investigating. The general trend is some measure of the local community health.

It is pleasing to record that the notification of infectious disease has much improved in recent years, and I am very grateful to my colleagues in general practice for their prompt help in this respect. I look upon the control of notifiable diseases as one of the most important duties of our department.

Measles was the main feature of 1966. There was an epidemic in the villages surrounding Kendal in June and July, with a few more scattered cases towards the end of the year. Most of them were mild and there were no deaths from notifiable diseases.

Special vigilance was maintained throughout the summer and autumn in the villages surrounding Kendal. The Borough was being troubled again with typhoid fever of the identical type which occurred in your Rural District nearby in 1962. We suspect that there was some connection.

With both typhoid and paratyphoid fever smouldering around our locality, we alerted all the preventive services for defence, and stand on watch at the borders of South Westmorland until the dangers are more safely diminished by the attacking successes in Kendal.

These germs take no heed of local government boundaries, so both Kendal and South Westmorland have to work together when trouble occurs. We are by no means out of the wood yet with this troublesome local typhoid. We shall need to keep extra vigilance for several years ahead.

NOTIFIABLE DISEASES TABLE.

	Total	Ages										Admitted to Hospital	Deaths	
		-1	1-	2-	3-	4-	5-	10-	15-	20-	35-			45-
Measles .. ..	113	2	12	18	14	9	50	6	1	1	-	-	-	1
Whooping Cough ..	10	1	-	-	1	1	5	1	-	1	-	-	-	1
Scarlet Fever .. ..	6	-	-	-	-	-	5	-	-	1	-	-	-	1
Acute Pneumonia ..	6	-	-	-	-	-	-	-	2	-	2	2	-	1
TOTAL .. ..	135	3	12	18	15	10	60	7	3	3	2	2	-	1

## **TUBERCULOSIS.**

Tuberculosis is still an important communicable disease of our time. Its prevention is primarily dependent upon social and economic factors in the general community, and secondarily upon the management of the established case. Your Council's functions are threefold; to investigate the source of infection, to prevent the spread of infection and to remove conditions favourable to infection.

One of the most effective ways of finding the sources of infection is mass radiography. The mobile units of the Manchester Regional Hospital Board visit our area periodically and I should like to see many more of our local population take advantage of this valuable service. It not only detects pulmonary tuberculosis at the most favourable time for a cure, but it also provides an early warning against many other chest conditions, lung cancer, and certain heart diseases.

People who have been X-rayed are notified by post if the results are satisfactory. But if any abnormalities are found the patient's own family doctor is informed, so that he can best explain the findings and arrange any treatment that may be needed.

Such discoveries more than justify the visits of the Mass Radiography Units to our area at regular intervals. I think that we should do all we can to make really excellent arrangements for their reception in our townships and villages, and encourage our local people to turn up in full force for their chest X-rays.

Preventing the spread of infection is helped by prompt treatment and supervision. Waiting time is nowadays very short for admission to hospital, and modern drugs achieve most promising results for returning the patient to a useful working life.

### **The Hospital Services.**

Our District lies in the area of the Manchester Regional Hospital Board, and most of the general needs of our local people have historically been met by the Westmorland County Hospital at Kendal. Some of the more specialised services have always had to be referred to more distant centres. That has always been understood and accepted by our local community.

But in recent years there have been signs that our local folk may be forced to rely more and more on Lancaster, and less on Kendal. Some people think that Westmorland risks being left rather ill served if the hospital services concentrate themselves on distant Lancaster and Carlisle. There is a lot of territory in between, and public transport



# TUBERCULOSIS TABLE.

Age Periods	NEW CASES				DEATHS			
	Respira- tory		Non-res- piratory		Respira- tory		Non-res- piratory	
	M	F	M	F	M	F	M	F
0 ..	—	—	—	—	—	—	—	—
1 ..	—	—	—	—	—	—	—	—
5 ..	—	—	2	—	—	—	—	—
15 ..	—	—	—	—	—	—	—	—
25 ..	1	1	—	—	—	—	—	—
35 ..	—	1	—	—	—	—	—	—
45 ..	—	—	—	—	1	—	—	—
55 ..	—	—	—	—	—	—	—	—
65 ..	—	—	—	—	—	—	—	—
Total ..	1	2	2	—	1	—	—	—

Of the cases notified 2 were transfers from another authority.

The number of tuberculosis patients at the year end were:—

		1965.	1966.
Respiratory	...	31	30
Non-Respiratory	...	8	10
		—	—
		39	40
		—	—

communications are not at all easy for out-patients and visiting relatives to get to these hospitals and home again the same day.

With the publication of the Government's Hospital Plan and the consequent press comment and political pressures, the Regional Hospital Boards became noticeably much more sensitive to public opinion. There are a lot of local questions to be settled: some have been answered for the time being: some are being argued out now: some will have to be soon.

Just before the end of 1966 I was asked, by my four Councils concerned, to prepare a comprehensive report on the hospital services in the southern half of Westmorland. This will be published as a Special Report early in 1967.

### **Hospital and Ambulance Arrangements for Infectious Diseases.**

Hospital accommodation for infectious diseases is provided at Beaumont Hospital, Lancaster. Smallpox cases will be sent to the Ainsworth Smallpox Hospital near Bury. Ambulance transport is provided for all cases by the Westmorland County Council, and is based in Kendal.



## **HOUSING.**

Under the Housing Acts your Council has a duty to consider the general housing conditions in your district, to ascertain whether any are unfit for human habitation, and to assess the need for further houses. You have powers to deal with unfit houses, powers to provide new houses for all classes, and various powers and duties in the management of your Council's estates. Good housing conditions are an integral part of public health.

### **Present Housing Position.**

There were 6,957 inhabited houses at the end of the year. With an estimated population of 19,780 the average number of persons per house is 2.8, which is not a high figure. There were no cases of legal overcrowding within the strict definition of the Housing Act, which assumes that living rooms are used for sleeping purposes and that sexes can be segregated irrespective of age, health and family relationships.

A lot of houses in the Rural District are occupied by only one or two persons. The 1961 Census revealed that 816 houses contained only one occupier, and that another 1,735 houses had only two people living in them. Thus over a third of all the houses in the District would seem to be under-occupied for their size.

### **General Progress of Slum Clearance.**

Westmorland as a whole made very encouraging progress in post-war slum clearance despite all the difficulties of the times. Since the campaign was resumed in 1948 well over 1,250 houses in the County have been dealt with by formal action under the Housing Acts. Most of these will eventually be demolished or converted to trade use, but some of them have been reprieved by their owners undertaking to spend considerable money for comprehensive reconditioning up to modern standards.

In addition to those formal actions there have been a very creditable number of informal schemes for the renovation of substandard houses, either with the aid of improvement grants or entirely by private enterprise. The aim is to save a house wherever possible, but if it cannot be brought up to an acceptable standard of safety, decency and amenity, the sooner it is swept away the better.

### **Slum Clearance Progress.**

Having successfully completed our twenty years post-war programme for dealing with 616 unfit houses, we went forward in 1966 with the task of pruning out a few more decaying houses: but the emphasis has now shifted towards improving those which can be saved and brought up to modern standards.

The following paragraphs in this slum clearance section analyse the actions taken during the current year, and are mainly for record purposes.

### **Closing Orders.**

*Housing Act, 1957. Section 18.*

No closing order was made during the year. Three orders have not yet been complied with and are still on houses in occupation.

### **Undertakings not to use for Human Habitation.**

*Housing Act, 1957. Section 16.*

One formal undertaking was accepted by your Council during the year. At the year end seven of these houses were still occupied.

### **Undertakings to Perform Works.**

*Housing Act, 1957. Section 16.*

One undertaking was offered during the year. The number outstanding at the year end was four.

### **Demolition Orders.**

*Housing Act, 1957. Section 17.*

No demolition orders were made during the year. At the year end there were two cases outstanding. None were occupied.

### **Clearance Areas.**

*Housing Act, 1957. Section 42.*

There were none outstanding and none envisaged.

### **Improvement Grants.**

If the process of natural decay is not allowed to go too far there are often opportunities for reconditioning to modern standards. Your Council offers considerable financial aid to owners for reconditioning houses. I hope that full advantage will be taken of these opportunities so that houses will not be unnecessarily lost and the architectural traditions of the District may be maintained.

Up to the end of the year, 494 applications had been made for Discretionary Grants, and 387 were completed. Standard Grant applications totalled 293, of which 229 were completed.

### **Housing Building Progress.**

Since 1948 your Council have built 857 houses, and another 1,155 houses have been put up by private enterprise.

Your Council completed 44 dwellings during the year. Private enterprise completed 155 in the same period. Conversions in existing houses produced 9 additional units.

### **Estimated Requirement for New Houses.**

The clamour for more new homes is still going on in South Westmorland. For Council houses alone there are 227 families on the waiting list. Private enterprise is still under pressure to build new houses and convert old buildings. I reckon that the total current demand is for about 150 to 200 additional homes, some of which may be provided by relets.

But the demand is perhaps not quite the same thing as the need for houses. I have already drawn attention earlier in this report to the gross under-occupation of existing houses in South Westmorland, which was revealed by the 1961 Census. There are other significant factors to take into account.

### **New Housebuilding Policy.**

South Westmorland Rural District and Kendal Borough cannot afford to disregard each other's housing policy and achievements. About a thousand commuters use South Westmorland as a dormitory. How many of them actually travel unwillingly is anyone's guess, but I am sure that some of them would live in Kendal if they could get a house there.

If Kendal Borough does not expand fast enough, the pressures will remain noticeable in the surrounding Rural District. This element of economic dependence on Kendal was underlined by two recent Conferences to discuss matters concerned with local employment and the housing needs of the employees of local industries.

That industrial dilemma affects mainly those parts of South Westmorland Rural District which lie on the outskirts of Kendal or are within convenient commuting distance by motor-car or bus. But there is a wider question which has to be asked. How far is it desirable that our Rural District should be economically dependent on Kendal?

If more self-reliant economic policy is to be favoured, it will have

to be reflected in the future housing policy for the next ten or twenty years in South Westmorland. There are a lot of factors to take into consideration. I have mentioned some of them in this report because I believe that one cannot divorce public health from the ways in which our own folk keep a roof over their heads and bread and butter in their mouths.

### **The Special Needs for Old People.**

When we were pressing the Regional Hospital Board to establish a goodly number of geriatric beds in the Kendal vicinity to meet the needs of our South Westmorland patients, we were reminded of our corresponding responsibility to provide sufficient and suitable houses for our own folk to go home to when they come out of hospital. They have a right to come back into the community. The hospital should have a two-way door.

I believe that there is justice in this argument. As a doctor, I endorse the idea that a hospital should be a place to go to for treatment, to be made well again, not simply a dumping ground for old folk who can no longer cope with the day-to-day difficulties of struggling along in substandard or unsuitable houses, particularly in the more rural areas.

Both your Council and various charitable organizations have done a lot of good work in providing special houses for the elderly, but a lot more needs doing to keep pace with the increasing proportion of old people in the community.

I suggest that purpose-designed bungalows and ground-floor flats are still much needed, with low fittings, handrails, lever door-handles, easy gradient steps, and suchlike special aids for the elderly.

I believe, furthermore, that the time has come to provide groups of semi-dependency type houses for old people, with a resident welfare warden available in case of need. It would relieve the burden on geriatric hospital beds, and upon the Welfare Hostels, besides conferring the gesture of at least semi-independence to the elderly folk in our villages.

### **Selection of Tenants.**

Selection of tenants for Council houses is done by a system which consists of an initial application form renewed every twelve months, and then the facts are checked when houses become available in the district required. A sub-committee chooses the tenants with the help of the local Councillors. The system seems to work reasonably satisfactorily.

### **Housing Management.**

Your Council owned 928 occupied houses at the year end, and housing management in the District is under the control of the Chief Public Health Inspector and Building Surveyor, an arrangement which is most satisfactory; it ensures that unsatisfactorily housed families, who are either in substandard dwellings or grossly overcrowded are not overlooked. A modest start was made in providing direct labour for maintenance.

The rent of your Council houses vary from 20/0d. to 29/6d. per week, exclusive of rates, and the rateable values are between £23 and £66.

### **Verminous Houses.**

Two cases required action during the year.

### **Housing Nuisances.**

During the year the following action was taken: 57 preliminary and no statutory notices were served. In no case was it necessary to seek an Abatement Order from the Court.

### **Dangerous Buildings.**

Action was taken during the year in one case.

### **Dilapidated Buildings and Neglected Sites.**

*Public Health Act, 1961. Section 27.*

Action was taken in four cases during the year.

### **Caravans.**

1961 saw the commencement of operating the excellent legislation for controlling caravan sites. We were able to work in efficient co-operation with both Westmorland County Planning Authority and the Lake District Planning Board for their respective areas within your Rural District. The result of that amicable combination of powers was the adoption of a very high standard of requirements for the siting, equipping, and management of caravan sites.

By the end of the year, 121 caravan site licences were in force. They covered a maximum total number of 1,272 caravans permitted on the sites, usually with seasonal restriction to between 1st March and 31st October in each year. 19 of those licences were for caravans for permanent habitation, a practice which we discourage unless there are very special reasons for such a substandard choice or necessity.



We still feel the lack of sufficient overnight stopping-sites for touring caravans. With our District on the fringe of the National Park, and lying on the main traffic routes which our visitors use, we have to suffer a lot of mess and risk of disease from caravanners who stop overnight on our highway laybys. These places get very fouled for most of the summer.

### **Tented Camping.**

At the year end there were two licences in force for 42 tents under the Public Health Act. This type of licence now covers tented camp sites.

A few other unlicensed camping sites are scattered throughout the area, and some nuisance arises from casual campers' improvised sanitary arrangements and refuse disposal. Water is taken from polluted becks at their own risk.

With the improvement of caravan sites, there are occasional opportunities for tents to be allowed on the land as well. Provision has been made on five of our larger caravan sites for 100 tents, but on the whole these different patterns of life do not mix very happily: they seem better kept separate.

A more permanent seasonal camping area for Girl Guides has been established at Lindeth on your western boundary. I welcome this development because Girl Guides and Boy Scouts have always kept up the highest traditions of camping conduct, and they set a fine example to other people.

## WATER SUPPLIES.

The public water supplies are administered by the Lakes and Lune Water Board, on which your Council has representation.

Your Council continue to have a responsibility to check that the quality of the public water supplies is maintained safely for preserving the public health. Periodical tests are made on samples of water from consumers' taps, and some of the results are set out in Appendix A of this report.

Most of these public water supplies are treated by chemical sterilization, and some by additional methods, but no fluoride is added. The natural fluorine and radioactivity levels are low.

The principle source is upland surface water from the Lupton reservoirs, from which the distribution mains extend into the southerly parts of our District. There are also eight other smaller public local sources from springs, gravel beds and upland catchments, besides some supplementary bulk supplies abstracted from the Thirlmere and Haweswater aqueducts at Manchester Corporation Waterworks.

South Westmorland Rural District is fairly well watered as far as quantity is concerned. About 85% of the houses are now connected to some public water main. The remaining 15% have to rely on individual private systems from wells, springs, becks, and stored rain-water, which may not always yield as much water as the users would like.

The quality of the private water supplies is quite another problem. I suspect that many of them are unsatisfactory from time to time, particularly when wet weather affects their surface catchments and shallow wells. They are also vulnerable to foul drainage from new building developments uphill when private rights do not afford them full protection. I can do no more than warn the users that they drink the water at their own risk, have it tested for safety at suitable intervals, and boil it if they are still in doubt.

I have been most grateful for the help of the Engineer-Manager of the Lakes and Lune Water Board and his staff in dealing with the day-to-day questions which affect the public health. We shall also continue the excellent liaison with the local offices of the Ministry of Agriculture, Fisheries and Food, for the joint investigations and assessment of applications for grant-aided farm water supply scheme. I have been most grateful for the long-standing co-operation of the Ministry's Regional Advisory Bacteriologist and the other staff at the Regional Headquarters in Newcastle upon Tyne. It enables us to co-ordinate the safeguards to the public health as well as the agricultural interests.

### **General Distribution.**

The Minister requires me to state the number of houses and population in each of your parishes with water laid on and with water available from standpipes. The figures are set out in the table on an adjacent page.



# PUBLIC WATER SUPPLY DISTRIBUTION.

Year ended 31st December, 1966.

Parish	Houses	Public Supply		Organised Private Supply		Other Private Supply	
		Laid on	Not Laid on	Laid on	Not Laid on	Laid on	Not Laid on
Arnside .....	728	724	—	—	—	4	—
Barbon .....	92	70	—	—	—	22	—
Beetham .....	488	486	—	—	—	1	1
Burton .....	294	294	—	—	—	—	—
Casterton .....	77	64	—	—	—	13	—
Crook .....	134	—	—	—	—	130	4
Crosthwaite ....	199	135	—	—	—	56	8
Dalton .....	27	26	—	—	—	1	—
Dillicar .....	25	—	—	—	—	14	11
Docker .....	13	—	—	—	—	12	1
Fawcett Forest..	13	—	—	—	—	13	—
Firbank .....	30	—	—	—	—	29	1
Grayrigg .....	56	35	—	—	—	21	—
Helsington ....	91	76	—	—	—	15	—
Heversham ....	160	160	—	—	—	—	—
Hincaster .....	45	43	—	—	—	—	2
Holme .....	241	240	—	—	—	—	1
Hugill .....	159	131	—	—	—	28	—
Hutton Roof....	54	46	—	—	—	8	—
Kentmere .....	40	—	—	—	—	40	—
Killington .....	40	—	—	—	—	40	—
Kirkby Lonsdale	539	483	—	44	—	12	—
Lambrigg .....	28	2	—	—	—	24	2
Levens .....	359	358	—	—	—	1	—
Longsleddale....	27	—	—	—	—	27	—
Lupton .....	55	46	—	—	—	9	—
Mansergh .....	31	—	—	11	—	20	—
Meathop & Ulpha	43	37	—	6	—	—	—
Middleton .....	43	—	—	—	—	43	—
Milnthorpe ....	597	597	—	—	—	—	—
Natland .....	149	149	—	—	—	—	—
Nether Staveley	226	207	—	—	—	19	—
New Hutton ....	64	29	—	—	—	35	—
Old Hutton ....	79	51	—	—	—	28	—
Over Staveley ..	210	194	—	—	—	16	—
Patton .....	17	3	—	—	—	14	—
Preston Patrick	126	108	—	—	—	18	—
Preston Richard	285	279	—	—	—	6	—
Scalthwaiteirigg..	39	28	—	—	—	10	1
Sedgwick .....	76	74	—	—	—	2	—
Skelsmergh ....	83	43	—	—	—	40	—
Stainton .....	106	99	—	—	—	7	—
Strickland Ketel	364	6	—	314	—	34	10
Strickland Roger	82	—	—	62	—	19	1
Underbarrow ..	112	59	—	—	—	52	1
Whinfell .....	22	—	—	6	—	15	1
Whitwell & Selside	48	17	—	—	—	31	—
Witherslack ....	141	95	—	—	—	45	1
	6957	5494	—	443	—	974	46

## SEWAGE DISPOSAL.

The safe disposal of human sewage and other foul drainage has been recognized for thousands of years as one of the most important ways of protecting the public health. It is still particularly true today in our rural areas, with typhoid and paratyphoid fevers, salmonella and dysentery infections, and many primitive insanitary practices never far from the local scene.

South Westmorland Rural District is served by 19 separate public sewer systems and disposal works which deal with the foul drainage from the villages. The remainder of the District has to rely upon individual septic tanks, cesspools, or drainage into watercourses, and some of the more remote houses still retain privies, pails and earth-closets.

Your Council has pursued a progressive policy for extending the public sewerage systems to cope with the expanding development round most of our villages, and to improve or replace the existing sewage disposal works which were overloaded or worn out. Somewhat slower has been the bringing of organized public sewerage systems to villages and hamlets where more primitive conditions were becoming intolerable.

Even so, there will probably always be some settlements which cannot be linked up to the sewers of a larger place, and which do not justify a full-scale system of their own. Many of these can be safely served by group septic tanks where the soil is suitable for absorption of the effluent. Isolated houses must perforce depend on some such individual method of dealing with their foul drainage.

I am indebted to the Engineer for most of the facts set out in the sections of my report on sewage and public cleansing. I also record my appreciation of all his help and co-operation throughout the year.

### Sewage Disposal Methods

Some of the public sewage disposal works need special comment this year, but others are working reasonably satisfactorily.

The works at Heversham are frequently overloaded with farm effluents, and the proposed new developments in that area will make matters worse. Something will have to be done soon to remedy the troubles.

A major reconstruction of the disposal works at Kirkby Lonsdale was completed during 1966. It has provided a welcome improvement.

During 1966 the Minister of Housing and Local Government held an Engineering Inquiry into your Council's scheme for introducing

a public sewerage system in the Carr Bank area, and picking up and extending the Storth sewers, with all the collected sewage to be pumped to the Milnthorpe disposal works. The Minister's decision is awaited.

Down at Burton we have been thoroughly messed about. The existing disposal works were known to be becoming overloaded and in need of renovation fairly soon. But then came a proposal to construct the new M6 Motorway across part of the site, plus the nearby provision of a motorway service area. So we altered our plans to cope with the lot, and the Ministry agreed to bear the extra cost. Then the line of the motorway was changed, and even the service area seems doubtful; so we are still chopping and changing about until everyone else have made up their minds.

Schemes are being prepared for the installation of public sewerage systems at Natland, Sedgwick and Crosthwaite.

Arnside and some other places are in sight of needing new disposal works. There will be many years of work ahead to catch up with our needs.

Your Council have taken over several small sewer and disposal layouts constructed by private developers of equally small housing estates. I view some of these with caution about their long-term maintenance.

### **Future Programmes.**

Although your Council would wish to plan their future programme as far ahead as possible, for all their sewage schemes and replacements, they are no longer the sole arbiters of deciding the relative priorities between the various projects, nor in full control of when they should be carried out. The Rivers Authority now have a significant say in these matters.

Under the Rivers (Prevention of Pollution) Act, 1961, your Council have to seek the consent of the Rivers Authority to continue existing discharges of effluent from the public sewage works. Conditions for the quality of these effluents will be imposed, probably according to the Royal Commission standards, and time-limits will be stipulated for achieving them.

It is quite obvious that some of our public sewage disposal works will require structural modifications or replacement to produce effluents of the required standard. It is equally certain that such demands will be reflected in the time limits to be imposed by the Rivers Authority. Therefore the list of relative priorities would seem to

be best worked out in the closest collaboration with the Rivers Authority.

It would be unreasonable to accept the point of view that all priorities should be dictated by the Rivers Authority, and that the quality of existing effluents should be the sole criterion for shaping our future programme of improvements and extensions to the sewerage systems of our District. There are other public health factors to be taken into consideration, including the provision of sewerage to areas which have not yet been served.

My advice to all parties is that these matters should be periodically discussed with the Rivers Authority to take into account all the changing scenes and developments throughout our Rural District. In this way we may be able to formulate our future programmes to please as many people as possible.

### **Farm Drainage.**

Your Council have decided their policy and scale of charges for the acceptance of farm drainage effluents into the public sewerage systems. Such foul drainage is much stronger than ordinary domestic sewage, and it can cause great difficulties at our sewage disposal works.

Although there may be some heartburning over the scale of charges, it is possible that some farms will be asked to take their existing drainage out of our sewers, or in other cases they may be refused consent to make any new connections.

The Ministry of Agriculture seems to foster the principle that all organic farm wastes should be returned to the land as surface-dressing fertilizers, and the Rivers Authority are equally anxious to keep the pungent stuff out of the watercourses. We have no desire just to transport the farm effluent from one place to another and mess up our sewage disposal works in the process.

But although your Council have decided on the scale of charges, nothing further has been done to implement the collection of income from this source.

### **Water-Closets.**

Most houses have their own water-closet, usually inside. Only about 300 privies and pails are still left, in outlying parts of the District. Improvement grants and other inducements have helped to speed up the conversions, 34 were done during the current year.

### **Public Conveniences.**

Public conveniences are maintained in Arnside, Milnthorpe, Staveley and Kirkby Lonsdale. In all the conveniences constant supervision is required to deal with the public misuse to which they are subjected.

There is periodical agitation to secure a public convenience at Sand-side. Your Council is sympathetic to the need, but have not yet found a way to overcome the local difficulties. It seems possible that Sand-side may be near one of the pumping stations on the line of the proposed Carr Bank to Milnthorpe sewer. If so, a public convenience might well be incorporated into the system.

### **Lavatories in Lay-bys.**

I have become increasingly disquieted by the excremental pollution of the lands adjacent to most of the vehicle lay-bys on our main highway routes throughout Westmorland. In some places it is seriously jeopardizing the public health for the residents of the vicinity as well as for the travellers themselves.

The adequate signposting of existing public conveniences in our villages has now been supplemented by advance notices in the intervening highway lay-bys to tell people where to find the next set. Some of our more popular lay-bys may soon justify having public conveniences of their own, perhaps of the simple chemical type, if their proper hygienic maintenance could be arranged.



## PUBLIC CLEANSING.

### Refuse Collection.

The refuse collection service covers all except the most outlying parts in your District. In the more urbanised areas of the Kent and Lune valleys there is a weekly service. All pail-closets are also emptied weekly. Most of the remaining areas have a fortnightly collection.

Where regular collections are not economical, it has been possible for the refuse lorries to make an occasional tour along certain defined routes to collect from isolated hamlets and farms, after prior notice to the residents. Not only has this service been much appreciated, but it has reduced the casual indiscriminate dumping of refuse in roadside pits and quarries.

### Cesspool Emptying.

The Council were saved many difficulties by having the cesspool emptying vehicle with a mechanical pump to deal with the sewage plants on their housing estates.

If the volume of this work increases further, and anything like a full-scale service has to be operated, consideration will need to be given in the near future for the provision of a vehicle specifically designed for the purpose. 238 visits were made to cesspools needing attention, many on your own Council housing estates.

The policy for running this service has always been rather pragmatic. Our attitude seems to have been that if private enterprise contractors care to take on the job we simply say good luck to them. But if no one else can be found to empty private sewage tanks, we tell the householders that we will try to fit the job in when we can and charge them what it costs us.

That may have been all right in the old days when there were not so many to do and people were not so fussy about sewage lying around. I doubt whether it is really a satisfactory outlook nowadays. There are added risks to the public health from overflowing cesspools, particularly in summer-time and in more frequented areas.

Your Council have always done their best to oblige these private sewage tank owners, but I cannot help feeling that the time is coming when such activities ought to be better rationalized between private enterprise and your Council. The public health would be better safeguarded if this could be so.

### **Refuse Disposal.**

Disposal of the collected refuse is carried out at three sites in South Westmorland Rural District. Controlled tipping is our aim, but the occasional shortage of covering material makes it difficult. Much time has to be spent on the sites to keep them free from nuisance.

The main site at Slackhead in Beetham is the best tip in our area. It is likely to last for many years yet. But the site at Staveley is now full, and we urgently need to find a new one in that locality. Potts Hole, Kirkby Lonsdale, became full during 1966 and was replaced by a new site at Hutton Roof where some old quarries are now used.

Several of the local authorities in the southern half of Westmorland have been exploring the future possibilities of establishing an incinerator, or a large refuse tip for their joint use, where centralized mechanical techniques could be economically shared, to cope with the refuse from over 40,000 local people. Finding a site is the hardest problem.

### **Street Cleansing.**

In the few areas where street cleansing is undertaken by your Council the streets are well maintained. The County Council undertake the remainder and maintain a similarly high standard.

## FOOD HYGIENE

### General Powers.

Your Council bear most of the statutory responsibility for safeguarding the public from foodborne disease. The main aim is directed towards securing proper and hygienic conditions for the manufacture, preparation and sale of food. The secondary aim is to trace and localise any outbreaks of disease which may occur in spite of preventive measures.

### Precautions against Contamination.

Food hygiene is steadily improving throughout your area. Public opinion is well ahead of the law and most traders are aware of the fact. The good food trader does not need official instruction in basic cleanliness or the enforcement of legal minimum standards. He may welcome advice on technical problems, but his aim is how high he can get, not how low he can get away with.

The responsibility for safe food does not rest entirely with the trader as the housewife must play her part as well. Quite a lot of strange things happen to food between the shop counter and the dinner-plate, and the educational campaign has had to be carried into the home. Foodborne diseases, mild dysenteries and attacks of diarrhoea and vomiting are not infrequent in our homes and among our visitors. I am confident that higher standards will reduce these preventable diseases.

### Food Trade Categories.

The Minister requires me to furnish certain details about the categories of food trade carried on during the year. They are set out in the adjacent table.

Regulation 16 relates to the requirement for providing wash-hand basins, and Regulation 19 relates to the requirements for providing facilities for washing food and equipment used in food businesses.

### Prepared Meats.

The number of premises on the Register for the preparation of sausages, potted meat, preserved meat and pickled foods was 12.



## Food Trade Categories

Category of Premises	Number	Number fitted to comply with Reg. 16	Number to which Reg. 19 Applies	Number fitted to comply with Reg. 19
Bakehouses .. .. .	8	6	8	8
Butchers .. .. .	8	7	8	8
Cafes and Snack Bars .. ..	20	17	20	18
Canteens (Schools and Industrial)	39	39	39	39
Confectioners .. .. .	6	6	—	—
Fish and Chip Shops .. ..	3	3	3	3
Fruiterers, Greengrocers and Fish-mongers .. .. .	4	4	4	4
Grocers and General Stores ..	52	48	52	49
Guest Houses and Bed and Breakfast Premises .. .. .	85	78	78	71
Hotels .. .. .	10	10	10	10
Public Houses .. .. .	38	38	38	38
Clubs .. .. .	5	5	5	5

### Ice-Cream.

The following premises were registered under Section 16 of the Food and Drugs Act, 1955:—

Manufacture by cold mix, storage and sale	...	...	2
Storage and sale only	...	...	77

### Liquid Eggs.

*The Liquid Egg (Pasteurization) Regulation, 1963.*

There are no egg pasteurization plants in the District.

### Poultry Processing.

There are no poultry processing premises in the District.

### Milk Registrations.

At the year end there were 34 registered distributors and six registered dairies which were not dairy farms. No particular difficulties were met, and milk-round vehicles were generally maintained in good condition.

## Condemnation of Meat.

The following is a summary of the carcasses inspected and condemned in whole or in part:—

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	183	4	1	831	93
Number inspected ..	183	4	1	831	93
<i>All diseases except Tuberculosis and Cysticerci:</i>					
Whole carcasses condemned .. ..	—	—	1	—	—
Carcasses of which some part or organ was condemned .. ..	22	—	—	24	—
Percentage of number inspected affected with disease other than tuberculosis and cysticerci .. ..	12%	—	100%	2.9%	—
<i>Tuberculosis only:</i>					
Whole carcasses condemned .. ..	—	—	—	—	—
Carcasses of which some part or organ was condemned .. ..	—	—	—	—	—
Percentage of number inspected affected with tuberculosis ..	—	—	—	—	—
<i>Cysticercosis:</i>					
Carcasses of which some part or organ was condemned .. ..	3	—	—	—	—
Carcasses submitted to treatment by refrigeration .. ..	2	—	—	—	—
Generalised and totally condemned .. ..	—	—	—	—	—

### **Pathogenic Organisms in Milk.**

Routine biological and other test results on 150 samples taken by various Authorities, from sources in our area, continued to be passed to me.

Special attention was directed towards the organisms of brucella abortus in the above samples. None were found.

### **Slaughterhouses.**

Most of your District relies upon the public abattoir in Kendal, but your Council granted one licence for a private slaughterhouse in Kirkby Lonsdale to serve the Lune Valley areas.

Two persons are licensed slaughtermen in your District.

### **Condemnation of Other Foods.**

The following foodstuffs were condemned during the year:—

Tinned Meats	...	65 lbs. 12 ozs.
,, Fruit	...	19 lbs. 14 ozs.
,, Vegetables	...	20 lbs. 15 ozs.
,, Fish	...	1 lb. 8 ozs.
,, Milk Puddings	...	5 lbs. 8 ozs.
,, Fruit Juices	...	5 lbs. 10 ozs.
Sausages	...	12 lbs.
Jam	...	4 lbs.

### **Method of Disposal of Condemned Food.**

The Minister of Health requires me to describe the current methods for the disposal of condemned food. In this District it is by burial at Slackhead tip.

## GENERAL INSPECTIONS.

Your Council employs one Chief Public Health Inspector and two additional Inspectors. The salary is apportioned between the public health inspection duties and the other duties in a proportion approved by the Minister of Health.

The duties connected with building inspections, housing management and planning legislation have been progressively increasing in recent years.

I record high tribute and appreciation of the work of the public health inspectors throughout the year.

### Offensive Trades.

There are no offensive trades in the District.

### Factories.

There are 84 factories on the Register. 24 inspections were made and one written notice was served. No references were made to H.M. Inspector and none were received from her. No prosecutions were required.

There are no basement bakehouses in the District.

Two outworkers were notified to your Council by factory owners. They were in the clothing trade.

The register of factories has been completely revised and cross-checking with H.M. Inspector carried out.

H.M. Inspector of Factories has been sent details of your Rural District's administration of the relevant sections of Parts I and VIII of the Factories Act, 1961.

### Factory Inspections.

Premises.	Number of Premises.	Number of		
		Inspections.	Written Notices.	Occupiers prosecuted.
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	2	—	—	—
Factories not included in (1), in which Section 7 is enforced by Local Authority .. ..	82	24	1	—
Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) .. ..	—	—	—	—
Total .. ..	84	24	1	—

# Cases in which Defects were found.

Particulars.	Number of cases in which Defects were found.				Number of cases in which prosecutions were instituted.
	Found	Remedied.	To H.M. Inspector.	By H.M. Inspector.	
Want of cleanliness (S.1) . .	—	—	—	—	—
Overcrowding (S.2) . .	—	—	—	—	—
Unreasonable temperature (S.3) . .	—	—	—	—	—
Inadequate ventilation (S.4) . .	—	—	—	—	—
Ineffective drainage of floors (S.6) . . . .	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient . . . .	—	—	—	—	—
(b) Unsuitable or defective	I	I	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) . . . .	—	—	—	—	—
Total . . . .	I	I	—	—	—

### Offices and Shops.

*Offices, Shops and Railway Premises Act, 1963.*

This legislation came into force during 1964. It makes provision for the safety, health and welfare of people employed in these premises. 110 visits were made during the year.

Type of Premises	Registered at year end	Inspected during year	Persons Employed
Offices .. .. .	43	40	147
Retail Shops .. .. .	48	44	181
Wholesale Shops and Warehouses ..	4	4	10
Catering establishments open to the public, canteens .. .. .	24	21	143
Fuel Storage Depots .. .. .	1	1	1
Totals .. .. .	120	110	482

27 written notices and 14 verbal notices were served for contraventions discovered.

### Common Lodging Houses.

There are no common lodging houses in your District.

### Boarding Kennels.

*Animal Boarding Establishment Act, 1963.*

Three such places are on the register in your District. They were inspected and found to be satisfactory.

### Pest Control.

Your District is covered by the South Westmorland Joint Pest Control Board. Regular visits are made to your refuse tips and sewers as well as to scores of private properties in your District. I look upon the systematic destruction of rats and mice as a very helpful contribution towards safeguarding the public from all sorts of unpleasant diseases carried by those animals.

### Rent Acts.

No action was taken during the year and no rent book entries were reported to be irregular.

One disrepair certificate was issued during the year.

**Clean Air.**

Informal action was taken in one case.

**Rag Flock Act, 1951.**

There is one registration.

**Compulsory Removals.**

*National Assistance Act, 1946. Section 47.*

It was not necessary during the year to deal with any cases requiring removal, but three were under observation.

Such cases are extremely distressing to deal with and the course of compulsory removal is reserved to meet the emergencies of a last resort when all other methods of help have failed. Sometimes it is very hard to decide what is really in the best interests of the patient.

**Public Mortuary and Post-mortem Rooms.**

Your Council do not provide any public mortuaries or post-mortem rooms in the Rural District. Adequate facilities are available at the Westmorland County Hospital in Kendal by arrangement.

**Laboratory Service.**

The Public Health Laboratory Services at Preston and Carlisle provide the necessary facilities for most of our public health investigations.



# APPENDIX A.

## Laboratory Examination of Public Water Supplies.

Nature of Test.	Standards Max.	Barbon	Burnside	Caster-ton	Garth Row	Gray-rigg	Kirkby Lonsdale	Lupton Raw	Lupton Treated	Staveley	Garnett Bridge
Pr. Coli count 37° Faecal coli/strep Date sampled last	1-10	0 18/10/66	0 3/5/62	0 22/11/66	0 9/3/65	180 + 20/12/66	0 22/11/66	30 + 15/1/62	0 22/11/66	20 + 20/12/66	0 22/11/66
Character	—	Clear	Clear	Clear	Slightly Hazy	Clear	Clear	Hazy	Clear	Clear	Clear
Reaction	—	6.7	7.0 Less than	6.7	7.0	7.5	6.6	7.5	7.4	8.2	8.4
Ammonical N.	.041	—	.02	—	.02	.01	.01	Nil	.01	.02	.045
Albuminoid N.	.066	.04	.02	.025	.03	.25	.01	.22	.04	.03	.075
Total Solids.	1000	100	27	104	98	104	80	120	30	30	84
Hard-Total	300	42	19	72	40	64	125	64	95	110	14
ness { Carbonate	—	20	8	49	3	50	55	26	35	80	0
Non-Carb.	—	22	11	23	37	14	65	38	60	30	14
Chlorides	30	12	5	12	5	8	12	15	14	9	6
Nitrates	1.0	.86	—	1.15	—	.14	.3	1.88	—	.1	—
Nitrites	—	—	—	—	—	—	—	—	—	—	—
O <sub>2</sub> Absorbed	1.0	.6	.5	.16	.56	5.68	.1	1.16	1.15	.05	1.06
Heavy Metals	—	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Rainfall, 24 hours	—	.7	Nil	Nil	Nil	Nil	Nil	Nil	.01	Nil	Nil
Date Sampled	—	12/5/64	19/6/61	16/7/64	3/7/61	16/7/64	24/1/63	2/4/64	6/11/62	6/12/62	8/12/53
Laboratory	—	Preston	Carlisle	Preston	Carlisle	Preston	Lancaster	Preston	Lancaster	Lancaster	Carlisle

Chemical analyses are expressed in parts per million.









